## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10083448

|                            |                                                | CLAIMS AS                                 | FILED -           | PART                 | i                            |                  | ;           | SMALL ER            | ATITY                  |          | OTHER               | THAN                   |
|----------------------------|------------------------------------------------|-------------------------------------------|-------------------|----------------------|------------------------------|------------------|-------------|---------------------|------------------------|----------|---------------------|------------------------|
|                            |                                                |                                           | (Column           | 1)                   | (Colu                        | mn 2)            |             | TYPE [              |                        | OR       | SMALL               | ENTITY                 |
| TOTAL CLAIMS               |                                                |                                           | 19                |                      |                              |                  |             | RATE                | FEE                    |          | RATE                | FEE                    |
| FOR                        |                                                |                                           | NUMBER FILED      |                      | NUMBER EXTRA                 |                  |             | BASIC FEE           | 370.00                 | OR       | BASIC FEE           | 740.00                 |
| TO                         | TAL CHARGEA                                    | BLE CLAIMS                                | / 4 minus 20=     |                      | · 6                          |                  |             | X\$ 9=              |                        | OR       | X\$18=              |                        |
| INDEPENDENT CLAIMS 3 - min |                                                |                                           |                   |                      | us 3 = *                     |                  |             | X42=                |                        | OR       | X84=                |                        |
| MU                         | LTIPLE DEPEN                                   | IDENT CLAIM PI                            | RESENT            |                      |                              |                  | +140=       |                     | OR                     | +280=    |                     |                        |
| * If                       | th difference                                  | in column 1 is                            | r "0" in c        | xolumn 2             |                              | TOTAL            |             | OR                  | TOTAL                  | 7400     |                     |                        |
|                            | " =06                                          | -                                         | AMENDED - PART II |                      |                              |                  |             | SMALL               | ENTITY                 | OR       | OTHER<br>SMALL      | THAN                   |
|                            | -16 -0b                                        | (Column 1)                                | 7                 | (Colu                |                              | (Column 3)       | <b>1</b> 6  | SMALL               |                        |          | 2MYEL I             | <del>,</del>           |
| <b>A</b> MENDMENT A        |                                                | REMAINING<br>AFTER<br>AMENDMENT           |                   | NUM<br>PREVI         | BER                          | PRESENT<br>EXTRA |             | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|                            | Total                                          | • 18                                      | Minus             | # 2                  | 0                            | <sup>=</sup> O   |             | X\$ 9=              |                        | OR       | X\$18=              | 0                      |
|                            | Independent                                    | * 3                                       | Minus             | ***                  | ?                            | - p              |             | X42=                |                        | OR       | X84=                | 0                      |
|                            | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                   |                      |                              |                  |             | +140=,              |                        | OR       | +280=               | 0                      |
|                            |                                                |                                           |                   |                      |                              |                  | l           | TOTAL               |                        |          | TOTAL               |                        |
|                            |                                                |                                           |                   | <b>10</b> .1         |                              | (0-1 0)          |             | ADDIT. FEE          |                        | <u> </u> | ADDIT. FEE          |                        |
|                            |                                                | (Column 1)                                | 1 ·               | HIGH                 | mn 2)<br>REST                | (Column 3)       | 1           | <u> </u>            | ADDI                   | 1        |                     | ADDI                   |
| AMENDMENT B                |                                                | REMAINING<br>AFTER<br>AMENDMENT           |                   | NUM<br>PREVI         | BER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA |             | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|                            | T tal                                          | *                                         | Minus             | **                   |                              | =                |             | X\$ 9=              |                        | OR       | X\$18=              | 1                      |
|                            | Independent                                    | •                                         | Minus             | ***                  |                              | =                |             | X42=                |                        | OR       | X84=                |                        |
|                            | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                   |                      |                              |                  | ]           |                     |                        | i        |                     |                        |
|                            |                                                |                                           |                   |                      |                              |                  |             | +140=               |                        | OR       | +280=               |                        |
|                            |                                                |                                           |                   |                      |                              |                  |             | TOTAL<br>ADDIT. FEE |                        | OR       | TOTAL<br>ADDIT. FEE |                        |
|                            |                                                | (Column 1)                                |                   | (Colu                | mn 2)                        | (Column 3)       |             |                     |                        |          |                     |                        |
| AMENDMENT C                | •                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | •                 | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |             | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|                            | Total                                          | •                                         | Minus             | **                   |                              | =                |             | X\$ 9=              |                        | OR       | X\$18=              |                        |
|                            | Independent                                    | *                                         | Minus             | ***                  |                              | <u>-</u>         | ]           | X42=                |                        | OR       | X84=                |                        |
|                            | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                   |                      |                              |                  |             |                     |                        | 1        | <del></del>         |                        |
| •                          | If the entry in colu                           | ımn 1 is less than t                      | he entry in col   | umn 2, writ          | e "O" in co                  | dumn 3.          | l           | +140= ·             |                        | OR       | +280=<br>TOTAL      | <b></b>                |
| **                         | If the "Highest Nu                             | mber Previously P<br>Imber Previously P   | aid For" IN TH    | IS SPACE             | is less that                 | an 20, enter "20 | ). <b>"</b> | ADDIT. FEE          |                        | OR       | ADDIT. FEE          |                        |
|                            | The "Highest Nur                               | nber Previously Pa                        | id For" (Total o  | x Independ           | dent) is the                 | e highest numb   | er fo       | and in the app      | propriate bo           | x in co  | olumn 1.            |                        |
|                            |                                                |                                           |                   |                      |                              |                  |             |                     |                        |          |                     |                        |